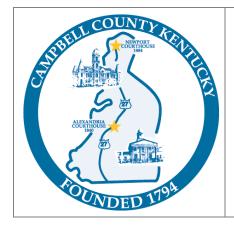
Case Number
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### **Text Amendment Application**

# **Campbell County and Municipal Planning & Zoning Commission**

1010 Monmouth Street Newport, Kentucky 41071 Phone: (859) 292-3880

Fax: (859) 547-1868

www.campbellcountyky.org

## \*\*ALL BLANKS MUST BE COMPLETELY FILLED OR THE APPLICATION WILL NOT BE ACCEPTED\*\*\*

### Section A (to be completed by the applicant)

1.	Applicant's Address				
		City	State	Zip	
	Phone Number		Fax Number		
2.	I, or we, understand and agree that this application and attached information are being filed in accordance with KRS 100.211, that the application will not be processed if any of the said items are complete, and that all of that all of the statements contained in or submitted with this application are true.				
	Applicant's Signature		Date		
	City of				
	County of				
	Commonwealth of				
	Subscribed and sworn	before me this	day of	19 <u></u> .	
	Notary Public				
	My Commission expir	es			

#### **Section B (Submission Requirements)**

- 1. One (1) copy of this application.
- 2. Twenty (20) copies of text to be amended. The submittal shall include all proposed changes.

#### Section C (to be completed by the Campbell County Zoning Staff)

Date received	Rezoning fee received			
Number of signs				
Is this application complete	Yes No			
Staff reviewer				
Scheduled public hearing date				
Planning commission action:				
Approved				
Approved with conditions (see #7)				
Denial (see #8)				
Conditions of approval:				
Reasons for Denial:				
-				